

**EPI Update for Friday, February 9, 2018**  
**Center for Acute Disease Epidemiology (CADE)**  
**Iowa Department of Public Health (IDPH)**

Items for this week's EPI Update include:

- **Antiviral medication for influenza treatment and prophylaxis**
- **2018 immunization schedules released**
- **Reminder: Mumps testing guidelines**
- **Perinatal hepatitis C infection**
- **Norovirus outbreak at 2018 Winter Olympics**
- **Lassa fever outbreak in Nigeria**
- **14 tips for a healthy Valentine's dinner**
- **In the news: Scientists find possible cause for mystery epidemic that wiped out Mexico 500 years ago**
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**Antiviral medication for influenza treatment and prophylaxis**

IDPH has received several questions recently about antiviral medications for influenza. CDC updated their antiviral medications summary for clinicians for the 2017-2018 influenza season. The document highlights indications for influenza antiviral medication treatment and prophylaxis.

Antiviral treatment should start as soon as possible for the following:

- hospitalized patients with suspected or confirmed influenza
- patients with severe, complicated or progressive influenza illness
- patients at higher risk for influenza complications, such as those younger than 2 or older than 65 years, patients with immunosuppression, residents of care facilities, and persons with chronic conditions including pulmonary, cardiovascular, and metabolic.

Antiviral prophylaxis is recommended when an influenza outbreak is occurring among high risk individuals in an institutional setting, such as a long term care facility. An influenza outbreak in a long term care facility is defined as two residents with influenza-like illness onset within 72 hours of each other and at least one has laboratory confirmed influenza. Reminder: Please call CADE at 800-362-2736 to report an influenza outbreak.

Antiviral duration and dosage differs between treatment and prophylaxis and may vary by situation (e.g., treatment for immunosuppressed patients, prophylaxis for residents of a long term care facility, and patients with renal impairment).

For full influenza antiviral guidelines, visit

[www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm).

## **2018 immunization schedules released**

The 2018 recommended immunization schedules for children/adolescents and adults have been released by the Advisory Committee on Immunization Practices (ACIP).

Changes to the schedules include the following:

- addition of a table outlining vaccine type, abbreviation and brand names for vaccines discussed in the child/adolescent immunization schedule
- updates to the MMR footnote to include guidance regarding the use of a third dose of mumps-containing vaccine during a mumps outbreak
- meningococcal vaccine footnote has been edited to create separate footnotes for MenACWY and MenB vaccines
- updated guidance on the polio vaccine related to children who received oral polio as part of their series and catch-up scheduling for children/adolescents 4 years and older
- on the adult schedule, Td/Tdap has been replaced by Tdap or Td and the text in the indication bar has been revised to “1 dose Tdap, then Td booster every 10 years.”
- updated recommendations for Zoster vaccines

To view the adult schedule, visit

[www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html).

To view the child/adolescent schedule, visit

[www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

## **Reminder: Mumps testing guidelines**

IDPH has received several requests for guidance on mumps testing. Symptoms of mumps include swollen salivary glands, respiratory symptoms, sore throat, fever and malaise. IDPH recommends testing by both serology for IgM antibodies and by RT-PCR using a buccal swab specimen. These tests are more likely to be positive at different stages of the disease.

SHL can perform mumps testing. Contact SHL at (319) 335-4500 to request virus collection kits, specimen collection instructions, test request forms, and shipping instructions or visit [www.shl.uiowa.edu/testmenu/clinicaltestmenu.xml](http://www.shl.uiowa.edu/testmenu/clinicaltestmenu.xml) and scroll to mumps PCR and mumps IgM for forms and detailed collection instructions.

For more information about mumps, visit [idph.iowa.gov/CADE/disease-information/mumps](http://idph.iowa.gov/CADE/disease-information/mumps).

### **Perinatal hepatitis C infection**

Effective January 1, perinatal hepatitis C virus (HCV) infection became a nationally notifiable condition. Increases in perinatal HCV transmission around the U.S. have been associated with increased HCV infection among women of childbearing age related to the use of opioids. While vertical transmission is relatively rare (5 percent), an increase in HCV among women is leading to more infected infants. In Iowa, diagnoses of HCV infection among women under the age of 40 increased 860 percent from 2000 to 2016, with over 2,100 diagnoses during this period.

The typical recommended test to assess HCV infection in infants is HCV RNA after at least 2 months of age. Anti-HCV (i.e., antibody) testing should not be used in infants under 18 months of age due to transient maternal HCV antibody that may not reflect actual infection status of the child.

Currently, there is not a recommendation for universal HCV screening among pregnant women. Testing is only recommended for women of childbearing age if they are known to be at-risk for HCV infection (i.e., history of injection drug use), regardless of pregnancy status. There are no recommended measures currently for prevention of HCV transmission by pregnant women to their infants. Available curative HCV therapies are not currently recommended for pediatric patients under the age of 12.

Questions regarding reporting of infants or pregnant women with HCV infection may be directed to Shane Scharer at [shane.scharer@idph.iowa.gov](mailto:shane.scharer@idph.iowa.gov) or (515) 657-1129.

To view a CDC press release about the increase in HCV linked to opioids, visit [www.cdc.gov/nchhstp/newsroom/2017/hepatitis-c-and-opioid-injection-press-release.html](http://www.cdc.gov/nchhstp/newsroom/2017/hepatitis-c-and-opioid-injection-press-release.html).

The perinatal hepatitis C case definition can be found at [wwwn.cdc.gov/nndss/conditions/hepatitis-c-perinatal-infection/case-definition/2018/](http://wwwn.cdc.gov/nndss/conditions/hepatitis-c-perinatal-infection/case-definition/2018/).

### **Norovirus outbreak at 2018 Winter Olympics**

Several media outlets have reported a large norovirus outbreak occurring in and around sites for the 2018 Winter Olympics in South Korea. Iowa has also investigated smaller norovirus outbreaks in the last several weeks. Norovirus cases tend to peak in winter, and the virus is easily spread from person to person. Norovirus is not a reportable disease in Iowa, but all suspected outbreaks are reportable. Those ill with vomiting and/or diarrhea should stay home while sick, wash their hands frequently, and avoid making food for others for 48 hours after symptoms have resolved.

For more information on norovirus, visit [www.cdc.gov/norovirus/index.html](http://www.cdc.gov/norovirus/index.html).

## Lassa fever outbreak in Nigeria

According to several media reports, dozens of people have died as part of an ongoing outbreak of Lassa fever in Nigeria. The disease is endemic to West Africa, and the reservoir of the virus is a rat species that often lives in and around human settlements.

Many who are infected show mild, non-specific symptoms and may not be diagnosed. However, about 20 percent of patients develop serious symptoms that include hemorrhaging, respiratory distress, and shock. The overall case fatality rate is around 1 percent, but 15-20 percent of hospitalized patients die.

Viral hemorrhagic fever, including Lassa fever, is immediately reportable in Iowa. If you suspect a patient has viral hemorrhagic fever, please contact CADE immediately at 800-362-2736.

For more information about Lassa fever, visit [www.cdc.gov/vhf/lassa/index.html](http://www.cdc.gov/vhf/lassa/index.html).

## 14 tips for a healthy Valentine's dinner

CDC has released some tips, just in time for Valentine's Day.

See them at [www.cdc.gov/features/valentinesdinner/](http://www.cdc.gov/features/valentinesdinner/).

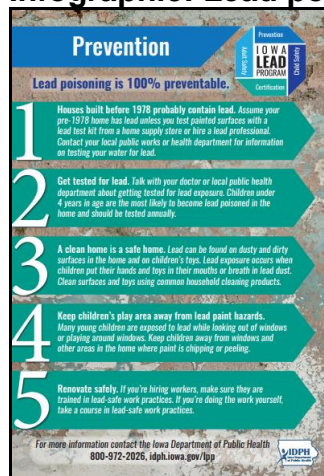
## In the news: Scientists find possible cause for mystery epidemic that wiped out Mexico 500 years ago

[www.washingtonpost.com/news/morning-mix/wp/2018/01/16/scientists-find-possible-cause-for-mystery-epidemic-that-wiped-out-mexico-500-years-ago/?utm\\_term=.75511a2ff527](http://www.washingtonpost.com/news/morning-mix/wp/2018/01/16/scientists-find-possible-cause-for-mystery-epidemic-that-wiped-out-mexico-500-years-ago/?utm_term=.75511a2ff527)

## In the news: Black Death spread by humans, vindicating rats

[www.cnn.com/2018/01/16/health/black-death-plague-spread-by-humans-intl/index.html](http://www.cnn.com/2018/01/16/health/black-death-plague-spread-by-humans-intl/index.html)

## Infographic: Lead poisoning is 100% preventable



To view in full size, visit

[pht.idph.state.ia.us/Health/LeadPoisoning/Documents/Lead%20Program%20Information%20Cards%20Sheet\\_Prevention.pdf](http://pht.idph.state.ia.us/Health/LeadPoisoning/Documents/Lead%20Program%20Information%20Cards%20Sheet_Prevention.pdf).

**Meeting announcements and training opportunities**

The *2018 Iowa Governor's Conference on Public Health* will be held April 10 and 11 at the Holiday Inn Des Moines Airport. To view the brochure, visit

[www.iowapha.org/resources/Documents/2018%20IGCPH%20Conference%20Brochure.pdf](http://www.iowapha.org/resources/Documents/2018%20IGCPH%20Conference%20Brochure.pdf).

**Have a healthy and happy week!**

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